Heipa Youth Application Valley Fair 2016

Parent Name:		
Childs Name/s:	DOB:	Age:
	-	
Address:		
Phone Number:		
Emergency Contact Number:		
I understand that Heipa Youth District is not I I understand my child take accountability for	•	
Parents Sig	gnature:	
Application deadline has been extended to The trip arrangements will be made. You can dro PO Box 223 Veblen SD 57270.		
This application can also be scanned, with you heipadistrict2016@gmail.com or faxed to the number below.	ur signature, and emaile	d to:

Phone (605) 738-2324 Fax (605) 738-2379

This trip is limited to children ages 10 and up. Heipa District will provide chaperones.